

Letterhead or Header Identifying Individual, Group or Organizational
Network Provider

NETWORK PROVIDER ELECTRONIC SIGNATURE CERTIFICATION

I certify that the electronic signatures affixed to the electronic mental health records on the computer systems employed by the above named network provider meet or exceed all of the standards, information security considerations, regulations and laws applicable to them and comply with the California Department of Mental Health Letter No.: 08-10 dated December 4, 2008 regarding Electronic Signatures and Electronically Signed Records. Furthermore, in accord with DMH Letter No.: 08-10, I certify that the above named network provider maintains Electronic Signature Agreements for all individuals utilizing an electronic signature, which minimally includes all rendering providers.

I further certify that the original of this document is maintained, either electronically or in paper version, by the network provider and an electronic version was submitted to the Los Angeles County, Department of Mental Health at ecertify@dmh.lacounty.gov.

Signature of Network Provider

Date

Printed Name of Network Provider

Date